

ACTION ITEM CHECKLIST

Action Item Description: **IHS Project PH 14-U62 Hopi Arsenic Mitigation Project Tribal Contribution.**

Action Item/Resolution MUST be reviewed/signed by the following: (*if applicable).

Author _____

Department Director _____

Office of the Chairman _____

Office of the Vice Chairman _____

Office of the General Counsel _____

*Office of the Treasurer _____

*Office of the Executive Director _____

***Finance** _____

Contracts & Grants _____

*Office of Community Planning &
Economic Development _____

*Office of Personnel Management _____

***Office of Real Estate Services** _____

*Office of Risk Management _____

Water Resources Dept. _____

Comments: _____

All Action Items MUST be endorsed by an Elected Official or Tribal Council Representative.

****NOTE: It is the responsibility of the Author to follow-up on signatory process to ensure the due dates in the Tribal Secretary's Office.**

REV. 05/23/14